

Appendix 3 - The recommended Lower Limb Assessment Frequency (Tier 3/4 and District Nurses)

To be undertaken incorporation with the Lower Limb Assessment Pathway:

High Risk Factors	Please tick YES or NO	Score
ABPI <0.81 or >1.3	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Immobile/Limited mobility	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Small vessel disease (SVD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Angioplasty/ bypass / known Peripheral Arterial Disease (PAD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Inflammatory conditions i.e. Rheumatoid Arthritis, systemic lupus erythematosus	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Intermittent claudication	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Unilateral amputee	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Reduced ABPI	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
One or more YES = High Risk Status.		
Medium Risk Factors	Please tick YES or NO	Score
ABPI 0.81 – 1.3	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Smoker	<input type="checkbox"/> YES <input type="checkbox"/> NO	1
Age 70+	<input type="checkbox"/> YES <input type="checkbox"/> NO	1
Cardiac disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	1
Cerebral Vascular Accident (CVA)	<input type="checkbox"/> YES <input type="checkbox"/> NO	1
Transient Ischaemic Attack (TIA)	<input type="checkbox"/> YES <input type="checkbox"/> NO	1
Co-morbidities (Learning needs, cognitive impairment, drug/alcohol dependency, mental illness)	<input type="checkbox"/> YES <input type="checkbox"/> NO	2
ABPI of 0.81 – 1.3 with an accompanying score of 2 or more = Medium Risk Status	TOTAL SCORE	
Low Risk Factors	Please tick YES or NO	Score
ABPI 0.8 -1.3	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Mobile	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Good cognitive ability	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
No complications	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Patients has knowledge of early symptoms of Peripheral Arterial Disease (PAD)	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
Patient is able to contact the health care provider if they have any concerns	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
ALL low risk factors are present = Low Risk Status. Lower Limb Assessment including ABPI to be undertaken annually as a minimum.		

Outcome

Risk Status	Recommended Lower Limb Assessment Frequency	Tick the outcome
High Risk Status	Every 3 months as a minimum	
Medium Risk Status	Every 6 months as a minimum	
Low Risk Factors	Annually as a minimum	